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Please Note: Effective Immediately

Regional Provider Relations Consultants (PRC) e-mail addresses have changed.

The new e-mail addresses can be found in the sidebar on Page 5.

Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho From the Idaho Department of Health and Welfare, Division of Medicaid

August 2007

August 1, 2007

MEDICAID INFORMATION RELEASE MA07-16

TO: Medicaid Providers who Submit 837 Electronic Professional, Dental,

and Institutional Claims

FROM: Leslie M. Clement, Administrator

SUBJECT: Update to Information Release 2007-12: Use of National Provider

Identifier (NPI) on 837 Electronic Professional, Dental, and

Institutional Claims Transactions

Idaho Medicaid will continue to accept submission of both NPI and Medicaid provider numbers, or Medicaid provider number only, on electronic claims through May 23, 2008. This information release updates previous information release 2007-12 which was mailed to providers on May 18, 2007.

During an NPI transition period from **May 29, 2007 through May 23, 2008**, Idaho Medicaid providers have three options for identifying themselves on 837 electronic Professional, Dental, and Institutional claims:

- 1. With both an NPI and an Idaho Medicaid provider number.
- 2. With only an NPI.
- 3. With only an Idaho Medicaid provider number.

Option 1: Submitting Electronic Claims with both an NPI and an Idaho Medicaid Provider Number

This "dual submission" option is available during a transition period through May 23, 2008. This option may be used to identify both billing and performing providers on electronic claims. When both an NPI and an Idaho Medicaid provider number are submitted on an electronic claim:

- The Idaho Medicaid provider number will be used to process the claim.
- The NPI will be compared to the Medicaid provider number(s) to which it is linked in the provider's NPI registration account. Informational messages will be generated on the weekly paper Remittance Advice (RA) to inform providers of problems that would have occurred if the NPI had been used to process the claim. Providers should use this information to verify the relationship between the NPI and a corresponding Idaho Medicaid provider number, and if necessary, update their NPI registration accounts before submitting claims with only the NPI.

When submitting an electronic claim with both an Idaho Medicaid provider number and an NPI, the correct qualifiers must also be submitted to identify the number as either an Idaho Medicaid provider number (qualifier '1D'), or an NPI (qualifier 'XX').

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Option 2: Submitting Electronic Claims with only an NPI

Idaho Medicaid currently accepts and processes electronic claims submitted with only an NPI. The correct qualifier must also be submitted to identify the number as an NPI (qualifier 'XX'). All healthcare providers are expected to use this option for submitting electronic claims by May 23, 2008.

Before submitting electronic claims with only an NPI, providers should verify that the NPI is registered with Idaho Medicaid and correctly linked to the corresponding Idaho Medicaid provider number. Providers can review or update their NPI registration account using the self-service Idaho Medicaid NPI registration website at:

https://npi.dhw.idaho.gov/idahoNpi/.

When an electronic claim is received with only an NPI to identify a provider, Idaho Medicaid will first identify all Idaho Medicaid provider numbers currently linked to the NPI in the provider's NPI registration account.

- If only one Idaho Medicaid provider number is linked to the NPI submitted on the claim, that number will be used to process the claim. The zip code from the claim will be used to identify the service location.
- If more than one Idaho Medicaid provider number is linked to the NPI, additional
 data elements are needed to determine which Idaho Medicaid provider number
 to use to process the claim. If the additional data elements are not submitted by
 the provider, the claim may be denied. The following additional data elements
 may be required when more than one Idaho Medicaid provider number is linked
 to an NPI:

Taxonomy Codes

Acceptable taxonomy codes for each Idaho Medicaid provider specialty can be found at:

http://www.healthandwelfare.idaho.gov/site/3438/default.aspx. This information has been added to the *Provider Handbook* as an appendix. The most recent *Provider Handbook* is included on the Provider Resources CD mailed to providers in May 2007.

9-Digit Zip Codes

Providers who choose to link a single NPI to more than one Idaho Medicaid provider number with the same provider type and specialty are **required** to include a 9-digit zip code on electronic claims to designate the service location. The 9-digit zip code must match the 9-digit zip code in the provider's NPI registration account.

Option 3: Submitting Electronic Claims with only an Idaho Medicaid Provider Number

Idaho Medicaid will continue to accept and process 837 electronic claims from health-care providers that are submitted with only the Idaho Medicaid provider number through May 23, 2008. Providers must also submit the correct qualifier to identify the number as a Medicaid provider number (qualifier '1D').

This option is intended for providers who are not ready to use their NPI on 837 electronic claims. These providers should follow the CMS contingency guidance to achieve NPI compliance before May 23, 2008. We strongly recommend that health-care providers get and register an NPI with Idaho Medicaid and work closely with their clearinghouse, billing agency, or software vendor to achieve NPI compliance well in advance of the May 23, 2008 deadline.

More Information

More information about NPI requirements can be found in Information Release 2007-12. Information is also available online at: https://npi.dhw.idaho.gov/idahoNpi/.

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DHW

Phone Numbers

Addresses

Web Sites

DHW Websites www.healthandwelfare. idaho.gov

Idaho Careline

2-1-1 (available throughout Idaho) (800) 926-2588 (toll free)

Medicaid Fraud and Program Integrity Unit P.O. Box 83720 Boise, ID 83720-0036 Fax (208) 334-2026

Email:

prvfraud@dhw.idaho.gov

Healthy Connections Regional Health Resources Coordinators

Region I - Coeur d'Alene (208) 666-6766 (800) 299-6766

Region II - Lewiston (208) 799-5088 (800) 799-5088

Region III - Caldwell (208) 455-7244 (800) 494-4133

Region IV - Boise (208) 334-0717 or (208) 334-0718 (800) 354-2574

Region V - Twin Falls (208) 736-4793 (800) 897-4929

Region VI - Pocatello (208) 239-6270 (800) 284-7857

Region VII - Idaho Falls (208) 528-5786 (800) 919-9945

In Spanish (en Español) (800) 378-3385 (toll free)

Prior Authorization Phone Numbers Addresses Web Sites

Prior Authorizations:

DME Specialist Bureau of Medical Care P.O. Box 83720 Boise, ID 83720-0036 (866) 205-7403 (toll free) Fax (800) 352-6044 (Attn: DME Specialist)

Pharmacy P.O. Box 83720 Boise, ID 83720-0036 (866) 827-9967 (toll free) (208) 364-1829 Fax (208) 364-1864

Qualis Health (Telephonic & Retrospective Reviews) 10700 Meridian Ave. N. Suite 100 Seattle, WA 98133-9075 (800) 783-9207 Fax (800) 826-3836 or (206) 368-2765

Qualis Health Website www.qualishealth.org/idahomedicaid.htm

Transportation Prior Authorization:

Developmental Disability and Mental Health (800) 296-0509, #1172 (208) 287-1172

Other Non-emergent and Outof-State

(800) 296-0509, #1173 (208) 287-1173

Fax

(800) 296-0513 (208) 334-4979

Ambulance Review

(800) 362-7648 (208) 287-1155

Fax

(800) 359-2236 (208) 334-5242

Insurance Verification:

HMS P.O. Box 2894 Boise, ID 83701 (800) 873-5875 (208) 375-1132 Fax (208) 375-1134 Continued from Page 2 (MEDICAID INFORMATION RELEASE MA07-16)

Click the "NPI Registration Instructions" link on the left side of the page. This link will take you to the NPI information page of the Department of Health and Welfare website.

Questions about this information release should be directed to EDS Provider Services at 800-685-3757 or 383-4310 in the local Boise calling area.

July 12, 2007

MEDICAID INFORMATION RELEASE 2007-17

TO: All Idaho Medicaid dental providers

FROM: Leslie M. Clement, Administrator

RE: Idaho Smiles – A New Dental Program for Medicaid's Basic Plan

Participants

As part of Medicaid Modernization, Medicaid has awarded a contract for dental insurance coverage for Medicaid Basic Plan participants to Blue Cross of Idaho. This new dental insurance program is called Idaho Smiles, and will cover approximately 140,000 children and adults who are eligible for the Medicaid Basic Plan. The dental coverage is nearly identical to Medicaid's current dental program coverage.

Blue Cross will sub-contract provider credentialing and enrollment, customer service, claims processing, and other operations for Idaho Smiles to Doral Dental USA. Doral is the largest Medicaid dental services company in the nation, currently administering dental insurance to more than nine (9) million participants across the United States. By utilizing the provider network, claims processing experience, and preventive outreach and education programs of Blue Cross and Doral, Idaho Smiles is expected to improve access to dental care and improve dental health for Idahoans eligible for the Medicaid Basic Plan.

Important information about Idaho Smiles:

- The benefits for Idaho Smiles begin with dental services provided on or after 9/1/07 for all Medicaid Basic Plan participants.
- Idaho Smiles has two (2) benefit packages one for children through the month of their 21st birthday, and one for adults. During the month of July, 2007 Doral will send enrollment packets and fee schedules to licensed dentists in Idaho and out-of-state bordering counties.
- The fee schedule for Idaho Smiles will be at, or above the current Medicaid fee schedule.
- There is no co-pay or out-of-pocket expense for participants when covered services are provided by a participating dentist.
- Participants on the Medicaid Basic Plan must present their Idaho Smiles card to their dentist at the time of service; their Medicaid card will not cover dental care.
- Women eligible for Medicaid's Pregnant Women program will be covered by Idaho Smiles. Their benefits will be based on their age at the time of dental services.
- Dental benefits for participants on the Medicaid Enhanced Plan will not change. Their claims will continue to be processed through EDS.
- Doral's toll-free Provider Recruitment number is: (800) 685-9971.
- Doral's toll-free Customer Service number for providers and participants is: (800) 936-0978. This number will not be activated until 9/1/07.

If you have questions about Idaho Smiles, please contact Arla Farmer, Division of Medicaid, Bureau of Medical Care at (208) 364-1958, or via email at farmera@dhw.idaho.gov.

LMC/af

To Adjust or Resubmit ... that is the Question

One way to faster claim resolution and payment is to know when to make an adjustment request and when to resubmit a claim for payment. Once a claim is submitted to EDS processing for payment, it falls into one of three categories: paid, denied or pended. A claim with a paid status has been processed, checked for errors, finalized, and approved for payment. A claim with a denied status cannot be paid for the reason stated on the Remittance Advice (RA). A claim with a pended status has been suspended, or is pending, in the system for manual claims review for compliance with Medicaid policy to determine if the claim can be paid or if it must be denied.

Note: Pended claims cannot be corrected and resubmitted until processing has been finalized by the system. While pending, they have not completed processing. Do not resubmit pended claims.

Electronic claims:

Claims that have paid incorrectly may be quickly and easily voided and replaced by using the EDS billing software, Provider Electronic Solution (PES), or another vendor's billing software. See the *Idaho PES Handbook* or other vendor software instructions. Electronic claims cannot be adjusted, i.e. corrected.

Paper claims:

Denied claims or denied claim details may be resubmitted with corrections. A denied claim or denied claim detail may only be corrected by submitting a new claim. Remember that the new claim will need to include any necessary attachments and any Internal Control Number (ICN) from previous claims that may be required to document timely filing.

Note: Do not use an Adjustment Request Form to resubmit a denied claim or denied claim detail.

Paid claims with incorrect information or payment must be adjusted. A paid paper claim may be corrected using an Adjustment Request Form. A new claim cannot be used to correct a paid claim. Writing 'corrected claim' on a paper claim will not fix the earlier error because this new claim will be denied by the system as a duplicate claim. Instead, use an Adjustment Request Form to notify EDS of the billing error. Use this form to request further payment if the provider was underpaid for the service, or to send a refund if the provider was overpaid. The Adjustment Request Form is used to correct either an entire claim or a specific detail line on a claim.

Note: A Medicaid provider ID number or participant ID number cannot be adjusted. These claims must be voided through an Adjustment Request Form and a new claim submitted with the correct information.

Adjustment Request Forms are in the *Idaho Medicaid Provider Handbook*, *Forms Appendix* and on the Web at: www.healthandwelfare.idaho.gov. Click on 'Medicaid Provider Information' in the list on the right side of the screen, and click on 'Medicaid Provider Handbook' in the list on the right side of the next screen, under 'Other Resources'. Scroll down to 'Appendices/Forms' and click on 'Forms'. Instructions are included in the appendix with the form. Print, copy, and mail the form. Faxed copies are not accepted and will be returned to the provider.

If you have questions about adjustments, contact your regional EDS Provider Relations Consultant listed on page 5 of this newsletter.

Remember, denied claims and denied detail lines may be corrected and resubmitted on a new claim. Paid claims are adjusted or voided with an Adjustment Request Form.

EDS Phone Numbers
Addresses

MAVIS (800) 685-3757 (208) 383-4310

EDS Correspondence P.O. Box 23 Boise, ID 83707

Provider Enrollment P.O. Box 23 Boise, Idaho 83707

Medicaid Claims P.O. Box 23 Boise, ID 83707

PCS & ResHab Claims P.O. Box 83755 Boise, ID 83707

EDS Fax Numbers
Provider Enrollment
(208) 395-2198

Provider Services (208) 395-2072

Participant Assistance Line Toll free: (888) 239-8463

EDS Phone Numbers

Addresses

Provider Relations Consultants

Region 1 Prudie Teal 1120 Ironwood Dr., # 102 Coeur d'Alene, ID 83814 EDSPRC-Region1@eds.com (208) 666-6859 (866) 899-2512 (toll free) Fax (208) 666-6856

Region 2

1118 F Street P.O. Drawer B Lewiston, ID 83501

EDSPRC-Region2@eds.com (208) 799-4350 Fax (208) 799-5167

Region 3 Mary Jeffries 3402 Franklin Caldwell, ID 83605 EDSPRC-Region3@eds.com (208) 455-7162

Fax (208) 454-7625

Region 4

1720 Westgate Drive, # A Boise, ID 83704 EDSPRC-Region4@eds.com (208) 334-0842 Fax (208) 334-0953

Region 5 Penny Schell 601 Poleline, Suite 3 Twin Falls, ID 83303 EDSPRC-Region5@eds.com (208) 736-2143 Fax (208) 678-1263

Region 6 Janice Curtis 1070 Hiline Road Pocatello, ID 83201

EDSPRC-Region6@eds.com (208) 239-6268 Fax (208) 239-6269

Region 7 Ellen Kiester 150 Shoup Avenue Idaho Falls, ID 83402

EDSPRC-Region7@eds.com (208) 528-5728 Fax (208) 528-5756

Participant Name/Number Mismatches

Claims submitted to Idaho Medicaid will be denied for edit 101 "Client name and/or number does not match client file" if the name submitted on the claim does not exactly match the name as it is contained within the claims processing system.

The top reasons that cause claims to set the participant name/number mismatch edit are:

- Claims are submitted using a nickname or some other variation of the participant's name. Example: Mike vs. Michael, Sue vs. Susan, Edward vs. Ed, etc.
- Claims are submitted with a different last name. The participant may have changed names and not informed their Self Reliance Worker, so the change has not been made within the claims processing system.
- Claims are submitted with the first or last name misspelled.
- Claims are submitted with a space between letters. Example: OConnor is submitted as O Connor, McDonald is submitted as Mc Donald, etc.
- Claims are submitted with special characters such as an apostrophe ('), hyphen (-), period (.), comma (,), or asterisk (*).

Entering the participant name exactly as it appears on the Medicaid ID card will prevent these errors from occurring. Be sure to enter the last name first, followed by the first name and middle initial.

An identification card is issued at the time a participant becomes eligible for Medicaid benefits or whenever a name change is reported. The number in the lower right hand side of the identification card is updated anytime a new card is issued for that participant. When eligibility is being verified, the participant's card number should also be verified to ensure that the card being presented is the participant's most current card. If the number on the identification card matches the number reported by the eligibility verification system, then the name on the card will also match what is in the system on the date that the eligibility is checked. If the number is lower than what is reported by the eligibility verification system, then the participant's most current card should be requested from the participant. Providers should request the card with picture identification and retain copies of this documentation for your records.

When verifying eligibility via the Medicaid Automated Voice Information Service (MAVIS), providers have the option to request that the eligibility information be faxed to them. The faxed information will report the participant's name exactly as it is listed on the system which is how it should also be submitted on the claim. This information is also reported on the printout when verifying information via the Point of Service (POS) device.

There is a possibility that the participant's name may change between the time that eligibility is verified and the claim is submitted. Unfortunately there is no way to prevent these types of mismatches from occurring. The claim will be denied for edit 101 and providers will need to resubmit the claim with the updated name.

If you have any questions concerning the information contained here, please contact EDS at (800) 685-3757 or locally in the Boise calling area at 383-4310.

UB-04 Claim Form FAQs

Idaho Medicaid is now able to accept claims on the new UB-04 institutional billing claim form. Both the current UB-92 and new UB-04 versions of the UB claim form will be accepted until September 30, 2007.

* Note: The Idaho Medicaid provider number will continue to be required on all UB-04 claim forms.

1. When can I begin to use the new UB-04 claim form?

The new UB-04 intuitional paper claim form is currently being accepted by Idaho Medicaid.

2. Can I still use the UB-92 claim form and for how long?

The UB-92 and the new UB-04 version of the institutional claim form will be accepted for processing until September 30, 2007. Starting October 1, 2007 only the UB-04 claim form will be processed. Providers should be transitioning to the new UB-04 claim form now, in anticipation of Medicaid no longer accepting the UB-92 claim form in the future.

3. How do I complete the new UB-04 claim form?

Instructions for completion of the new UB-04 claim form that are specific for Idaho Medicaid claim submissions and a sample of the claim form are posted on the Health and Welfare website listed under Medicaid Providers at: http://www.healthandwelfare.idaho.gov/site/3348/default.aspx.

Instructions and processing rules were designed to be consistent with the National Uniform Billing Committee's (NUBC) billing procedures and Idaho Medicaid policy.

4. Where do I enter the participant's Idaho Medicaid identification number?

Enter the participant's 7-digit Idaho Medicaid identification number in Field 8a.

5. Where do I enter the Medicaid participant's name?

Enter the participant's name (last name first, followed by the first name and middle initial) in Field 8b.

6. Do I continue to bill total charges with revenue code 001 in the body of the claim?

No; the box on Line 23 is specifically designed for capturing the total charges. If revenue code 001 and total charges are in Lines 1-22 they will be processed as an additional revenue code resulting in possible claim denials.

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7. What is a qualifier?

A qualifier is a 2-character modifier that identifies the information that follows it.

Qualifiers are not required on the UB-04 institutional paper claim form.

8. Since the Idaho Medicaid provider number is still required, where do I enter it on the new form?

Enter the 9-digit Idaho Medicaid provider number in Field **57** (Other provider identifier) on the same line that Medicaid is shown as the payer.

9. If I need to bill with referring provider information, where do I enter it on the new form?

Enter the primary care provider's 9-digit numerical referral number in Field 78 or 79, in the fourth (last) box.

78 OTHER		NPI		QUAL		802222200
LAST			FIRST			
79 OTHER		NPI		QUAL		803333300
LAST			FIRST			

10. What other fields need special attention when billing Idaho Medicaid on the new UB-04 claim form?

The fields for covered, non-covered, co-insurance, and lifetime reserve days have been eliminated. These days are now indicated in Fields 39-41 with the appropriate value codes.

	39 CODE	VALUE CODES AMOUNT		40 CODE	VALUE CODES AMOUNT		41 CODE	VALUE CODES AMOUNT	
а	80	17	:			-			-
b									
С									
d									



Attention Dental Providers

At this time, Idaho Medicaid cannot process claims submitted on the 2003 and 2006 American Dental Association (ADA) paper claim forms, because they do not contain all the required fields needed for processing.

When submitting paper claims, please use the 1999 (2000) ADA claim form for faster processing. Idaho Medicaid will accept claims submitted on ADA dental claim forms older than the ADA 1999 (2000), but please be aware that claims submitted on older ADA claim forms will require a longer period to process.

Provider Workshops — August 2007

EDS Provider Relations Consultants (PRC) continue to offer a series of provider workshops in each region. Each consultant conducts a 2-hour regional workshop every two months to help providers in their region.

The topics include:

- Learning more about NPI
- General Medicaid Billing
- Provider Resources
- Using PES Software
- CMS 1500 (08/05)



The next workshop is scheduled for all regions except Region 3 on Tuesday, August 14, from 2 to 4 pm. Region 3, will be on August 21, from 2 to 4 pm. These workshops are free but please pre-register with your local PRC. Their phone numbers are listed on Page 5 of this newsletter.

More Tips: Billing Medicare Crossover Claims

All Medicare Crossover claims can be billed electronically. It is no longer always necessary to bill on paper with the Medicare Remittance Notice (MRN) attached. Information, such as what was applied to the Medicare payment and any adjustments, can be keyed from MRN into software, such as Provider Electronic Solutions (PES) that supports this submission. Electronic billing is faster and more efficient than billing on paper. Please remember that if the claims are billed to cross over electronically from Medicare to Medicaid it is not necessary to also submit those claims on paper. EDS has seen a substantial increase of duplicate billings for institutional crossover claims that have been sent electronically, and also generated and submitted on paper. The result is a delay in payment.

Important Notice: New Paper Claim Forms

Effective October 1, 2007, Idaho Medicaid will no longer accept UB-92 or the "old" (12-90) version of the CMS-1500 claim form. All claims submitted on the old versions and received by Idaho Medicaid on or after October 1, 2007, will not be processed for payment consideration. Idaho Medicaid is now able to process the new UB-04 claim form.

Note: The Idaho Medicaid provider number will continue to be required on all paper claim forms.

Billing instructions for the UB-04 and new CMS-1500 claim forms that are specific to Idaho Medicaid claim submissions have been developed and are posted on the Health and Welfare website under Medicaid Providers at: http://www.healthandwelfare.idaho.gov/site/3348/default.aspx.

BOISE, IDAHO 83707





Coming Soon ... Changes to Electronic Remittance Advice

Changes to the electronic 835 remittance advice transaction will be implemented August 17, 2007. These changes include:

- Updating transaction formats for provider loops to accommodate NPI information.
- Referencing claim-related financial transactions by an internal control number (ICN) rather than a cash control number (CCN). This change will help providers link claim-related financial transactions such as recoupments or reversals to the original claims. This change has no impact to the basic format of the 835 transaction or to transaction balancing.

A vendor specification document with complete technical details about these changes is available for trading partners. This document can be accessed online, at the Department of Health and Welfare website on the 'Medicaid Provider Information' page at:

http://www.healthandwelfare.idaho.gov/DesktopModules/Documents/ DocumentsView.aspx?tablD=0&ItemID=8063&MId=11469&wversion=Staging

Providers who use the electronic 835 remittance advice should contact their software vendor, clearinghouse, or automated systems support group to discuss the impacts of these changes. For questions please call the EDI Helpdesk toll free at: (800) 685-3757 or locally in the Boise area at: 383-4310 and ask for Technical Support.

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Editor: Carolyn Taylor, **Division of Medicaid**

If you have any comments or suggestions, please send them to:

taylorc3@dhw.idaho.gov

or

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